

DOCKET NO *RM-10823*

*CYC 203*

**CERTIFIED  
MAIL**

ORDER DATED <i>9/3/04</i>
FCC
MIMEOGRAPH NO. <i>2004</i>

**RETI** \*RM-10823  
**NAME:** Dorann Burkin, Esq.  
Counsel, Clear Channel  
Broadcasting  
Wiley Rein & Fielding, LLP  
1776 K Street, N.W.  
Washington, DC 20006 **BY**.....

**REQUESTED**  
C. R. R. NO. ....

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Received by (Please Print Clearly) <i>[Signature]</i> B. Date of Delivery <i>SEP 13 2004</i>
1. Article Addressed to:  *RM-10823 Dorann Burkin, Esq. Counsel, Clear Channel Broadcasting Wiley Rein & Fielding, LLP 1776 K Street, N.W. Washington, DC 20006	C. Signature <i>X WICKS</i> <i>SEP 13 2004</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Copy from service label) <i>7003 0510 0003 8378 8167</i>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only: No Insurance Coverage Provided)

Postage	\$ <i>3.7</i>
Certified Fee	<i>2.30</i>
Return Receipt Fee (Endorsement Required)	<i>1.75</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>4.42</i>

Postmark Here  
*CYC 203*

Sent To *DORANN BURKIN*  
Street, Apt. No., or PO Box No. *1776-K St. N.W.*  
City, State, ZIP+4 *WASHINGTON DC 20006*

PS Form 3800, January 2003 See Reverse for Instructions